

Lobbying Firm Activity Authorization

(Government Code Section 86104)

Check one box, if applicable

☒ **Lobbyist Employer**
(Gov. Code Section 82039.5)

☐ **Lobbying Coalition**
(FPPC Regulation 18616.4)

Type or Print in ink

NAME OF FILER:
CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS

BUSINESS ADDRESS: (Number and Street) (City) (State) (Zip Code)

SACRAMENTO CA 95814

MAILING ADDRESS: (If different than above.)

Legislative Session

2019 2020
(Insert Years)

CALIFORNIA
FORM

602

FAIR POLITICAL PRACTICES COMM.
For Official Use Only

EFFECTIVE DATE:

01/29/2019

TELEPHONE NUMBER:

FAX NUMBER: (Optional)

E-MAIL: (Optional)

HURST BROOKS ESPINOSA,LLC

I hereby authorize

(Name of Lobbying Firm)

SACRAMENTO CA 95814

(Business Address)

to engage in the activities of a lobbying firm (as defined in California Government Code Section 82038.5 and 2 Cal. Code of Regs. Section 18238.5) on behalf of the above named employer.

If you are authorizing another lobbying firm to lobby on behalf of your firm's client(s), provide the name(s) of the client(s) below. (It is not necessary to complete the Nature and Interests section.)

Please see attached pages

VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/29/2019
DATE

By LOIS RICHARDSON
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer LOIS RICHARDSON
PRINT OR TYPE

Title VICE PRESIDENT

Nature and Interests of Lobbyist Employer

Check ~~one~~ box only:

☐ INDIVIDUAL (Complete only Parts A and E)

☐ BUSINESS ENTITY (Complete only Parts B and E)

☒ INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E)

☐ OTHER (e.g., lobbying coalition) (Complete only Parts D and E)

A. Individual
1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged:

B. Business Entity
Description of business activity in which engaged:

C. Industry, Trade or Professional Association
1. Description of industry, trade, or profession represented:
HOSPITALS,HEALTHCARE SYSTEMS,AND PHYS - ICIAN ORGNAIZATIONS

2. Specific description of any portion or faction of the industry, trade, or profession which the association exclusively or primarily represents:

3. Number of members in association (check appropriate box)

☐ 50 OR LESS (provide names of all members on an attachment.)

☒ MORE THAN 50

D. Other
1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

E. Industry Group Classification
Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

☐ AGRICULTURE

☐ EDUCATION

☐ GOVERNMENT

☒ HEALTH

☐ LABOR UNIONS

☐ LEGAL

☐ PUBLIC EMPLOYEES

☐ POLITICAL ORGANIZATIONS

☐ UTILITIES

☐ OTHER: (Describe in detail)

BUSINESS (Check one of the following sub-categories.)

☐ ENTERTAINMENT/RECREATION

☐ FINANCE/INSURANCE

☐ LODGING/RESTAURANTS

☐ MANUFACTURING/INDUSTRIAL

☐ MERCHANDISE/RETAIL

☐ OIL AND GAS

☐ PROFESSIONAL/TRADE

☐ REAL ESTATE

☐ TRANSPORTATION

☐ OTHER: (Specific Description)